## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUNBER	:				
		Total Fe	e Calculat	tioa		
	Fee Cade	Total # Claims	Number Extra	X Foo	Fee	- Total
Oacie Filing Fee	Sm/Lg 201/101	0		Sin. Entiry	Lg Entity	
Total Claims >20 Independent Claims >)	201.101 202:102	$\frac{30}{2}$ .10	<del></del>		18	180
Mult, Dep Claim Present	2047(04		X		<u>-28</u> ·	*. 
Surcharge	205/105					130
English Translation  TOTAL FEE CALCULA	TION		•			<u>/000</u>
Fees due upon filing th	e application					<b>-</b> .
Total Filing Fees Due	= 5	1000				
Less Filing Fees Submi	ned - 5					
BALANCE DUE V. Taulos	= \$/	1000				
Office of Initial Patent E	xamination	<del></del> .				

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN				
FOR		LNI	(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA			/PE		OR	SMALL		
ron			NUMBER FILED		INUIVIDER EXTRA		R/	ATE	FEE		RATE	FEE	
BASIC FEE					**		345.00	OR		690.00			
TOTAL CLAIMS // minus 20= *				* 1C	X	S 9=		OR	X\$18=	180			
INDEPENDENT CLAIMS							X	39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+1	30=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						·TO	TAL		OR	TOTAL	87/)		
CLAIMS AS AMENDED - PART II							SM	ΔLL F	NTITY	OR	OTHER SMALL		
		(Colum CLAIN				Column 2) HIGHEST	(Column 3)			ADDI-	) i		ADDI-
ENT A		REMAIN AFTE AMENDM	R	,	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE .	TIONAL FEE		RATE	TIONAL FEE
<b>AMENDMENT</b>	Total	. 30	0	Minus	**	30	=	X\$	9=		OR	X\$18=	
AME	Independent	* /	<u></u>	Minus	**	3	=	X	39=		OR	X78=	
	FIRST PRESE	NIATION	OF MU	ILIIPLE DEF	PNL	DENT CLAIM		+1	30=		OR	+260=	
	•							<u> </u>	OTAL			TOTAL	
								ADDI	r. FEE		OR	ADDIT. FEE	
		(Colum				Column 2) HIGHEST	(Column 3)						
AMENDMENT B		REMAIN AFTE AMENDA	NING R		Pi	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	
\ME	Independent	*		Minus	**		=	X	39=		OR	X78=	
	FIRST PRESE	NTATION	OF MU	JLTIPLE DEI	PENI	DENT CLAIM				<del></del>			
									30=		OR	+260=	
									OTAL I. FEE		OR	TOTAL ADDIT. FEE	
		(Colum				Column 2)	(Column 3)						
AMENDMENT C		CLAIN REMAIN AFTE AMENDN	NING R		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*		Minus	**	*	=	X3	 19=			X78=	
	FIRST PRESE	NTATION	OF MU	JLTIPLE DEI	PENI	DENT CLAIM					OR		
						407	O		30=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													
	The "Highest Num	ber Previou	usly Pai	d For" (Total o	r Inde	ependent) is the	highest number	r found in	the app	propriate box	c in col	umn 1.	